

INTERACT

July/August 2002

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 **ICSEW**
Interagency Committee of State Employed Women

Big Turnout For Take Our Daughters To Work Day



Nearly 700 participants gathered at the Capitol Rotunda for April's Take Our Daughters To Work Day (TODTWD) celebration. Gov. Gary Locke was on hand to give the opening speech, bringing his eldest daughter, Emily, along with him to join in the festivities. A career fair featured many local business women demonstrating their professions, answering questions and presenting hands-on activities for the kids to enjoy. Each child received a "passport" with stickers which were used to keep track of how many booths they visited during the day. Careers presented ranged from floral designer, auctioneer and first aid instructor, to audiologist, judge and dog trainer.



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2001-2002

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Coping with Violence Among Young Adults

Violence. It's the act of purposefully hurting someone. And it's a major issue facing today's young adults. One in 12 high schoolers is threatened or injured with a weapon each year. If you're between the ages of 12 and 24, you face the highest risk of being the victim of violence.

At the same time, statistics show that by the early '90s the incidence of violence caused by young people reached unparalleled levels in American society.

There is no single explanation for the overall rise in youth violence. Many different factors cause violent behavior. The more these factors are present in your life, the more likely you are to commit an act of violence.

What causes someone to punch, kick, stab or fire a gun at someone else or even him/herself? There is never a simple answer to that question. But people often commit violence because of one or more of the following:

Expression. Some people use violence to release feelings of anger or frustration. They think there are no answers to their problems and turn to violence to express their out of control emotions.

Manipulation. Violence is used as a way to control others or get something they want.

Retaliation. Violence is used to retaliate against those who have hurt them or someone they care about.

Violence is a learned behavior. Like all learned behaviors, it can be changed. This isn't easy, though. Since there is no single cause of violence, there is no one simple solution. The best you can do is learn to recognize the warning signs of violence and to get help when you see them in your friends or yourself.

Factors that contribute to violent behavior include:

- peer pressure
- need for attention or respect
- feelings of low self-worth early childhood abuse or neglect
- witnessing violence at home, in the



community or in the media

- easy access to weapons

Often people who act violently have trouble controlling their feelings. They may have been hurt by others. Some think that making people fear them through violence or threats of violence will solve their problems or earn them respect. This isn't true.

If you see these immediate warning signs, violence is a serious possibility:

- loss of temper on a daily basis
- frequent physical fighting
- significant vandalism or property damage
- increase in use of drugs or alcohol
- increase in risk-taking behavior
- detailed plans to commit acts of violence
- announcing threats or plans for hurting others
- enjoying hurting animals
- carrying a weapon
- unusual activities

When you recognize violence warning signs in someone else, there are things you can do. Hoping that someone else will deal with the situation is the easy way out. Above all, be safe. Don't spend time alone with people who show warning signs. If possible without putting yourself in danger, remove the person from the situation that's setting them off.

Tell someone you trust and respect about your concerns and ask for help. This could be a family member, guidance counselor, teacher, school psychologist, coach, clergy, school resource officer or friend.

The key to really preventing violent behavior is asking an experienced professional for help. The most important thing to remember is don't go it alone.

It's normal to feel angry or frustrated when you've been let down or betrayed. But anger and frustration don't justify violent action. Anger is a strong emotion that can be difficult to keep in check. Here are some ways to deal with anger without resorting to violence:

- Learn to talk about your feelings – if you're afraid to talk or if you can't find the right words to describe what you're going through, find a trusted friend or adult to help you one-on-one.
- Express yourself calmly – express criticism, disappointment, anger or displeasure without losing your temper or fighting. Ask yourself if your response is safe and reasonable.
- Listen to others - listen carefully and respond without getting upset when someone gives you negative feedback. Ask yourself if you can really see the other person's point of view.
- Negotiate - work out your problems with someone else by looking at alternative solutions and compromises.

Reprinted with permission from the National Youth Violence Prevention Resource Center (www.safeyouth.org).

If you or someone you know has experienced violence, call one of the the following numbers:

- National Domestic Violence Hotline: 800-799-7233
- Rape, Abuse & Incest National Network (RAINN): (800) 656-HOPE
24 Hour Confidential Rape Hotline.
- National Victim Center: 800-FYI-CALL (394-2255) Operating 8:30AM-5:30PM EST, the NVC hotline helps locate assistance in your community if you have been the victim of a violent crime.

The Gift of Life Keeps on Giving

By Lydia Cabeza Wagner
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Many of you may remember an article I wrote in November 2000 about my brother, Wesley Blalock, who had chronic myelogenous leukemia. My story was about the privilege I had of being the donor for his stem-cell transplant.

I've often wanted to write a follow-up to that article, and an unexpected turn of events provided the opportunity to do just that.



Let me begin by saying that my brother is, for the most part, doing well. The good news is that the doctors declared his leukemia to be in remission earlier this year, meaning they no longer found any leukemia cells in his blood.

The bad news is that he is still fighting "graft versus host" disease, also referred to as GVH. This condition happens to a majority of transplant patients and can be immediately life threatening if it occurs within the first few months of the transplant. It can affect any or all parts of the body and can be a struggle for several years after the transplant.

For my brother, it is primarily affecting his lungs. Last month, he was out of work for a week because his lung capacity was down to 20 percent. He told me it would take him 15 minutes just to walk from one end of his home to the other. When I spoke to him recently, his lung capacity had increased to 67

percent. He still tires easily and has to closely monitor this situation.

He has experienced dysfunction of the liver and kidneys as well as cold sores in his mouth and gum tissue, all due to GVH. He says because he is still on so many medications, his body feels like a toxic-waste dump. I'm so proud of how he's fighting the good fight to build up his immune system, increase his strength and live a long and healthier life.

Now back to the story about last week's events.

Because of my personal experience with the benefits of organ and tissue donation, Governor Locke's office invited me to participate in a news conference, where he would be signing an executive order concerning Organ Donation and Other Life-Giving Procedures.

I enthusiastically accepted the offer and away I went to Seattle's International District on an uncharacteristically chilly May 7 morning.

This new executive order allows state employees to take up to five days of paid leave in a two-year period to participate in medically supervised life-giving procedures, which includes the testing, sampling or donating of blood, platelets, organs, fluids and tissue.

With this order, the Governor has given state employees an incredible gift that will benefit an unforeseeable amount of people. I was thrilled to witness the event.

I also was thrilled by the opportunity to meet a very special guest at the press conference. Now, don't get me wrong, meeting Gov. Gary Locke, Seattle Mayor Greg Nickels, as well as other government and community representatives, was a privilege and an honor.



However, as an avid Seattle Mariners' fan, I was excited to meet my favorite pitcher, Jamie Moyer! I wasn't aware that he would be there, so it was a pleasant surprise for me.

He and his wife, Karen, created the Moyer Foundation, a non-profit organization to help families in crisis. And while it never occurred to me to ask for his autograph, I did have the presence of mind to ask him if he would do me the honor of having a photo taken with me.

In addition to attending the news conference, the Governor's Office invited me to participate on the State Agency Blood/Bone Marrow Drive Committee. Again,

I enthusiastically accepted the invitation.

This committee will work to launch an August campaign to encourage all state employees to participate in blood and bone-marrow drives. We are in the process now of scheduling dates and activities and will send out details as they are completed.

If you have any questions about what it takes and what you go through as a bone marrow or stem cell donor, please ask me (my email address is lbla461@ecy.wa.gov). I'm always willing to share my experience in the hope that it will encourage others to sign up to become donors and to be on the bone-marrow registry. As you can imagine, I am a big proponent of life-saving benefits of donation.

I'm delighted to share my brother's story because it has a happy ending: he is alive and getting better every day. Yes, he has some serious challenges to face, but the important thing to remember is that he is alive to meet and conquer those challenges. I hope that every other cancer patient gets this same opportunity and has the same positive outcome.

Finding Confidence

The Oxford English Dictionary defines 'confidence' as being self-assured and feeling or showing self-reliance.

You have a whole range of tools - strengths, skills, abilities and strategies - available to you that will enhance your confidence. But sometimes you may not be fully aware of them.

By becoming more aware of your tools and the ways in which you can apply them in the face of life's challenges, you can build your confidence.



How to Detect the Warning Signs of Pre-Diabetes

Updated Statistics Show 17 Million with Diabetes, 16 Million More With Pre-Diabetes

US Department of Health and Human Services (HHS) Secretary Tommy G. Thompson warns Americans of the risks of "pre-diabetes," a condition affecting nearly 16 million Americans that sharply raises the risk for developing type 2 diabetes and increases the risk of heart disease by 50 percent.

HHS-supported research shows that most people with pre-diabetes will likely develop diabetes within a decade unless they make modest changes in their diet and level of physical activity, which can help them reduce their risks and avoid the debilitating disease.

"The good news is if you have pre-diabetes, you can do something about it," Secretary Thompson said. "We want people to know that pre-diabetes is a serious condition that can be reversed or alleviated with modest changes in their daily routines – such as eating fewer calories and walking regularly for exercise."

Secretary Thompson and American Diabetes Association (ADA) President-Elect Dr. Francine Kaufman also unveiled an expert panel's new recommendations about pre-diabetes. The panel, convened by the ADA and HHS, calls for physicians to begin screening overweight people age 45 and older for pre-diabetes.

In addition, Secretary Thompson released an updated HHS estimate showing 17 million Americans suffer from diabetes – an increase of 8 percent from the most commonly used previous estimate. The new estimate is based on population changes in the most recent U.S. census.



HHS and the ADA are using the new term "pre-diabetes" to describe an increasingly common condition in which blood glucose levels are higher than normal but not yet diabetic – known in medicine as impaired glucose tolerance or impaired fasting glucose. Studies have shown that most people with this condition go on to develop type 2 diabetes within 10 years.

The panel, which includes doctors and other diabetes experts, with representatives from HHS's National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and Centers for Disease Control and Prevention (CDC), stated that intervention in pre-diabetes is critical for three reasons. First, simply having blood glucose levels in the pre-diabetes range puts a person at a 50 percent greater likelihood of having a heart attack or stroke. Second, research shows that the development of type 2 diabetes can be delayed or prevented through modest lifestyle improvements. Third, for many people, modest lifestyle improvements can "turn back the clock" and return elevated blood glucose levels to the normal range.

"This new recommendation gives physicians added incentive to screen their middle-aged, overweight patients for both type 2 diabetes and pre-diabetes," Dr. Kaufman of the ADA said. "If you have pre-diabetes, you need to know it, so you can learn about the high risk of getting diabetes and the steps you can take to prevent it. If you already have diabetes, you need to be treated early to prevent complications."

The panel recommended that doctors screen overweight people age 45 and older for pre-diabetes during regular office visits using either one of the standard tests that detect diabetes: the fasting blood glucose test, which identifies impaired fasting glucose, or the oral glucose tolerance test, which identifies impaired glucose tolerance.

The panel also recommended that physicians consider screening adults younger than age 45 if they are significantly overweight and have one or more of the following risk factors:

- family history of diabetes
- low HDL cholesterol and high triglycerides
- high blood pressure
- history of gestational diabetes or gave birth to a baby weighing more than 9 pounds
- belong to a minority group (African-Americans, American Indians, Hispanic Americans/Latinos, and Asian American/Pacific Islanders are at increased risk for type 2 diabetes.)

The expert panel did not recommend routine use of prescription drugs as initial treatment for people who have pre-diabetes. However, it did suggest that some people benefit from drug therapy, which may be considered when appropriate.

The recommendations resulted from

the panel's analysis of several major studies that evaluated strategies to prevent type 2 diabetes, including HHS's Diabetes Prevention Program – a major clinical trial involving more than 3,000 people that showed prevention efforts can be effective. The Diabetes Prevention Program found that diet and exercise resulting in a five to seven percent weight loss lowered the incidence of type 2 diabetes by 58 percent. Participants lost weight by cutting fat and calories in their diet and by exercising (most chose walking) at least 30 minutes a day, 5 days a week.

"About 16 million people in the country have pre-diabetes and most of them don't know it," said panel member Dr. Judith Fradkin of NIDDK, which is part of HHS's National Institutes of Health (NIH). "Now that we have shown that we can prevent or delay diabetes, we need to find the people who can benefit. These new practical recommendations can help."

The recommendations come as the incidence of obesity continues to rise despite growing evidence about its adverse effects on health and survival. In the United States, nearly 60 percent of adults are now considered significantly overweight, and in adolescents the prevalence of obesity has nearly tripled in the past 20 years.

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InterACT is published by the Communications Committee of the Interagency Committee of State Employed Women (ICSEW).

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